## **State 911 Committee Training Evaluation Form**

It is the goal of the Dispatcher Training Subcommittee to approve courses that will strengthen the dispatch community in the State of Michigan. Please complete this evaluation form to help maintain the integrity of the courses approved for the State of Michigan. Thank you

Course:	Company:	Company: Date:				
Location:	Date:					
Instructors:						
Please indicate your response to the second of the second	ne questions below by cir = Good, 5 = Excellent.	cling the a	ppropria	te numb	er, with	
Instructor's knowledge of the subject matter?     Instructor Performance Comments		1	2	3	4	5
The usefulness of the information? Course Content Comments		1	2	3	4	5
3. The pace of the training? What topic(s) did you find most useful?		1	2	3	4	5
What topic(s) did you find least	t useful?					
What suggestions do you have	for future trainings?					